

# RECEIVED

OCT 31 2011

OFFICE OF INSPECTOR GENERAL

## Application for License to Operate a Long-term Care Facility

For Office Use Only  
Received 10/21/11  
Amount 1800.00

### I. IDENTIFICATION

Name Georgetown Manor  
Address 900 Gage Ave.  
City/County/Zip Louisville, Ky 40216  
Telephone number 502-368-5827 rbell.gm@insightbb.com  
Administrator Raymond Bell  
Date facility operation began at current address 1969  
Date facility began operation under current owner 1990

II. TYPE BEDS	No. beds licensed	No. beds requested
Skilled	_____	_____
Nursing Home	_____	_____
Nursing Facility	<u>120</u>	<u>120</u>
Intermediate Care	_____	_____
ICF/MR	_____	_____
Personal Care	_____	_____

### II. CONTROL (check one in each column)

State	Profit	Individual
County	Nonprofit	Partnership
City		Corporation <input checked="" type="checkbox"/>
Private		

### II. OWNERSHIP

Name and address of individual owner, partners or corporation. If partnership, list partners.

American Health Foundation / Kentucky - Iowa, Inc  
5920 Venture Dr Suite 100  
Dublin, OH 43017

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